Health	Department,	City of	Baltimore.	- 4
Permit No. 26/	Office of Registre	ar of Vital St.	atistics. Ward	9-
to the Undertaker or other person s	any person in a last illness, is resuperintending the burial, within law.  T FOR BURIAL CAN BE OBTAIN	in twenty-jour hours afte	r the death of said decease	on sooner, it
CER	TIFICATE	140F D	EATH.	V
Date of Death,	TO TON	OR was	13:12/89	
$Full Name of Deceased, \{$	Write legibly and spell correctly. If an Infant not named, give names of parents.	To septe	Alecary	Jelles
Sex, Male or Female, Freque	s out the word not }	.,		
Age, 68	Years,	Months	8,	Days.
Color,		1	spile ,	1
Married, Single, Widow o	r Widower Cross out the wo	ords not }		/
Occupation,	1		wehant	
Birth Place, State or country, and long in the United State of foreign birth.	d how States,	my XX	XXXX V	× -
Duration of Residence in	the City of Baltimor	e,	+ Gycars	
Place of Death, Give Street an Number.	d}		Liberty 3	4
Cause of Death, $\begin{cases} \text{First (Pri-Second (I))} \end{cases}$	mary),	Ohre	me Brown	ehit;
Duration of Last Sicknes All the above information should be f	urnished by the Physician.	Mout	4 minst	
Di ( D . 1 9/1 /	/// /-			

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Place of Business, 1000 & Balto St-

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

| Place of Business, //5

The Special Attention of Physicians	is Kespectially invited to the m	cinal as ociow, and co	MIST OF PINCHES OF THE WATER OF	
	Department,			2 9
Permit No. 3.62.  The Physician who attended an to the Undertaker or other person supported to the Undertaker of the Under the Person Supported to the Person Supported	Office of Registral by person in a last illness is response intending the burial, within	r of Vital St consible for the present twenty four hours after	tation of this Certificate, accurate the death of said deceased, or	tely filled out
CERT	TIFICATE	MOF D	EATH.	
Date of Death,	Shua fi	3. 1884		
Full Name of Deceased, \( \begin{array}{c} \begin{array}{c} \cdot \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	Vrite legibly and spell orrectly. If an Infant ot named, give names f parents.	sefet A	Thursday	
Sex, Male or Female, {Cross required	out the word not }			/ _
Age, 6 Tirhet	Years,	Month	is,	Days.
Married, Single, Widow or	Widower, {Cross out the wor required in this is	ds not }		
Birth Place, State or country, and long in the United S	thow Howas	na Ci k	ed	
Duration of Residence in	the City of Baltimore	,50 9	Elly	
Place of Death, Give Street and Number.	1 /425	Thurson	u lh	
$\textit{Cause of Death}, egin{cases}  ext{First (Print)} \\  ext{Second (In)} \end{cases}$	mary),	ing of	the Brain	
Duration of Last Sickness All the above information should be for	8, urnished by the Physician.			
Place of Burial, Loude	en Fark	10		
Date of Burial, fund	16,188/ J	heoure	Or hi	м. Д

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Address, O

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within wenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Place of Business, 1/5

Bealth D	epartment,	City	of	Baltimore.
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Permit No. 3303 Office of Registrar of Vital Statistics. Ward

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit For Burial can be Obtained without a Proper Certificate.

Date of Death,\_ Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. Sex, Male or Female, {Cross out the word not } Months. Days. Age, Color. Married, Single, Widow or Widower, {Cross out the words not } required in this line. Occupation,... Birth Place, {State or country, and how long in the United States, if of foreign birth. Duration of Residence in the City of Baltimore Place of Death, {Give Street and Number.} Second (Immediate), Duration of Last Sickness, All the above information should be furnished by the Physician. Date of Burial, (Undertaker,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of he Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within wenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as he same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Kespectiumy invited to the Remarks below, and to list of Diseases on back of
Bealth Department, City of Baltimore.
Permit No. 204 Office of Registrar of Vital Statistics. Ward
The Physician who attended any person in a last illuess, is responsible for the presentation of this Certificate, accurately filled on to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sconer, is requested so to do, under penalty of law.  No Permit for Burial can be Obtained without a Proper Certificate.
CERTIFICATE OF DEATH.
Date of Death, Jense. 12" 1887
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.}
Sex, Male or Female, {Cross out the word not } Male of the sound of th
Age, Years, Months, Days
Color, Black.
Married, Single, Widow or Widower, {Cross out the words not } Man Led
Downstion VII to her
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore, Let
Place of Death, {Give Street and } 1709 Mulle Kin Sh
Cause of Death, { First (Primary), In J & Lemma tisms
Duration of Last Sickness, 2 M. Cout to M. All the above information should be furnished by the Physician.
Place of Burial, aurel Cem
Date of Burial, Cune 14 1877 ) June & Level MI
(Undertaker, WMM DIMARE)
Place of Business, Fast SL Address, I Registrate
Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the

City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

<u>Health</u>	Departmen	t, City of	Baltimo	re.
Permit No. 365	Office of Regist	rar of Vital St	atistics. V	Ward / "
The Physician who attended an to the Undertaker or other person su requested so to do, under penalty of l No Permit	y person in a last illness, is perintending the burial, wi aw. FOR BURIAL CAN BE OF	s responsible for the present ithin arenty four hours after the rained without a Property of the responsible for the present of t	ntation of this Certific er the death of said d PER CERTIFICATE.	
	TIFICAT	E OF D	EATH.	V
Date of Death,		( )	//	1
	parents.	John .	Merte	
Sex, Male or Female, { cross of required	ed in this line.	Male		
Age,	Years,	Month	8,	3 Days.
Color,	white		2	
Married, Single, Widow or	Widower, {Cross out the required in the	words not } 2	rale	_
Occupation,				/
Birth Place, State or country, and I long in the United State of foreign birth.	aow Dale	imore City	, , ,	
Duration of Residence in	the City of Baltime	me, since	born	
Place of Death, {Give Street and Number.}	1920 5	ough st		
Cause of Death, $\left\{egin{array}{l}  ext{First (Prim Second (Im))} \\ \end{array} ight.$	ary), amediate), frem	cature le	with f	Coelies
Duration of Last Sickness, All the above information should be fur.				
Place of Burial, Moz	Holy Of	da pur	ben !	
Date of Burial, Jun	14	46	/1/2	10/
Undertaker,	2 / full		Medical At	tendant. D.
Place of Business, 15	7 & Bond	Address 1727	E. Ba	lto. at
Extract from Regulations of the B	Board of Health to secur	re a full and correct i	record of the Vital	Statistics in the

City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

EAI	

realth Department, City of Baltimore.
Permit No. 366 Office of Registrar of Vital Statistics. Ward
The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately for the Undertaker or other person superintending the barial, within twenty-four hours after the death of said deceased, or soon if requested so to do, under penalty of law.  No Permit for Burial, and the Obtained within the Proper Certificate.
Date of Death,  Writh legibly and spells  (Writh legibly and spells
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.  Sex, Mole or Female, {Cross out the word not; required in this line. {
Age, Years, — Months, & Day
Martied, Single, Willow or Widower, Cross out the words not required in this line.
Decupation,
Birth Place, State or country, and how long in the United States, Buration of Residence in the City of Baltimore, 2 weeks
Place of Death, Give Street and Palerxen St. #
Cause of Death, First (Primary), Priewwonice Second (Immediate), Ashryxia
Duration of Last Sickness,
Place of Burial, Baltimore Com.
Date of Burial, June 15 3
Place of Business, 330 S. Bourd of Address, Bunky 2 mol
stract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics
in the City of Baltimore.  Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of enty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth.

twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause

The Special Attention of Physicians is nespectivity invited to the Remains octor, and to hist of discusses on back
Health Department, City of Baltimore.
Permit No. 367 Office of Registrar of Vital Statistics. Ward
The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, is requested so to do, under penalty of law.  No Permit for Burial can be Obtained without a Proper Certificate.
CERTIFICATE OF DEATH.
Date of Death, July 14
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Male or Female, {Cross out the word not }
Age, Years, Months, Days.
Color, Delo
Married, Single, Widow or Widower, {Cross out the words not }
Occupation,
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore,
Place of Death, {Give Street and } 286 Wr King of
Cause of Death, First (Primary), Juantities J
Duration of Last Sickness,  All the above information should be furnished by the Physician.
Place of Burial, Sharp At Com
Date of Burial, fine 15th 87
(Undertaker. Sorrell + Handy M. D.
Place of Business, 416 Crosset Address, 915 Fill Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physician	is is Respectfully Invited to the	Kemarks below and to list of the		
Permit No. 368  The Physician who attended a to the Undertaker or other person requested so to do, under penalty of	Office of Registral any person in a last illness superintending the burial, with	Ba for the Ba	Itimore.  cs. Ward  this Certificate, accurately for	filled out, oner, if
CER  Date of Death,  Full Name of Deceased, {	TIFICATE  Write legsbly and spell sorrectly. If an Infant not named, give names	OF DEAT	TH. B	
Sex, Male or Fomale, Cross requi	Years,	Months,		Days.
Married, Single, Widow or Occupation,	Widower, {Cross out the work required in this li	ds not }	V	
Birth Place, State or country, and long in the United State of foreign birth.  Duration of Residence in a	the City of Baltimore	Maryl	and.	
$egin{aligned} Place & of & Death, \{ egin{array}{ll} &  ext{Give Street and} \ &  ext{Number.} \ \ \end{aligned}                                $	ary),	*215 Ai	guith Sire	et,
Duration of Last Sickness, All the above information should be furn	ished by the Physician.	ornaus	ltion,	
Place of Burial, June	16# 1882 C	Feet 1000	0	
Undertaker, Denny Place of Business, 20 8	& Brooding ad	ress, Adl M	M. Jedical Attendant.	
SECTION 2. And be it further enacted Physician who attended during his enty-four hours after the death, to the same can be ascertained, the full name date of death.	ard of Health to secure a f	full and correct record of the	e Vital Statistics in the	of in

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as and date of death.

[OVER.]

The Special Appendion of Thysicians is respectinily invited to one members below, and to pist of Discusce on Discusce of Discusces of D
Bealth Department Gity of Baltimore.
Permit No. 069 Office of Registrar of Vilal Statistics. Ward
The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled of to the Undertaker or other person superintending the berief, within twenty-four hours after the death of said deceased, or sooner, requested so to do, under penalty of law.  No Permit for Burial can be trained without A Proper Certificate.
CERTIFICATE OF DEATH.
Date of Death, free 14 th 87
Pull Name of Deceased, {Write legibly and spell not named, give names}  Sex, Male or Female, {Cross out the word not }  Sex, Male or Female, {Cross out the word not }
Sex, Male or Female, {Cross out the word not }
Age, SO Years, Months, Day
Color, While
Married, Single, Widow or Widower, {Cross out the words not } required in this line.
Occupation, Une
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore, Life
Place of Death, Give Street and 1604 Lanuale St.
Cause of Death, First (Primary), Parslyses Second (Immediate), Authoria
Duration of Last Sickness, 2 7 2 2 2 2 All the above information should be furnished by the Physician.
Place of Burial, Mount Olivet Congeter's
Date of Burial, June 16# 1887 \ Heller
(Undertaker, offin offerages M. I

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Place of Business, 1 738 N. Entur Anddress,

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Date of Burial, ...

| Place of Business, //6

Bealth Department, City of Baltimore.
Permit No. Office of Registrar of Vital Statistics. Ward
The Physician who attended any person in a last illustrate spensible for the presentation of this Certificate, accurately filled to the Undertaker or other person superintending the burial, within twenty-four theory also the death of said deceased, or sooner requested so to do, under penalty of law.  No Permit for Burial can be Obtained without a Proper Certificate.
CERTIFICATE OF BEATH.
Date of Death, and 13 1
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Male or Female, {Cross out the word not }
Age, Months, Day
Color, phili
Married, Single, Widow or Widower, {Cross out the words not }
Occupation,
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Thursdien of Peridence in the City of Politimone
Place of Death, {Give Street and }
Place of Death, {Give Street and }
Duration of Last Sickness, All the above information should be furnished by the Physician.
Place of Burial, Very Kathetul

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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